APPEARANCE BOND FOR A MATERIAL WITNESS

FILED

AUSA Approval: WNR

08 MAR 14 AM 11:28

CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA

BY: CP DEPUTY

United States District Court	Southern District of California
United States of America v. QUINONES-LEGARDA	Crim. Case No.
	Magis. Case No. 08 mj 707

We, Jason Amaya (name of surety) and Monica Ramirez-Rosales (name of material witness), post this bond and acknowledge we and our personal representatives are bound to pay the United States of America the sum of $ 5000 and there has been deposited in the Registry of the Court the sum of $ 500 in cash. This bond is conditioned upon and posted to secure the appearance of material witness Monica Ramirez- Rosales to testify as a witness in the case noted above, before the assigned United States Magistrate Judge or District Judge, in the United States District Court for the Southern District of California, at San Diego, California, and at such other places as the material witness may be required to appear in accordance with any and all court orders and directions given or issued by the Magistrate Judge or any District Judge relating to the material witness' appearance in the case noted above, whether the case remains in that district or is transferred to any other district. The appearance bond further secures the above noted material witness' compliance with any court order, including surrendering to the INS.

If the material witness adheres to and performs every condition of this bond, and appears at court as directed or ordered, this bond shall be exonerated, but if the material witness fails to perform any condition of this bond, or fails to appear at court as directed or ordered, payment of this bond shall be due immediately. Any Magistrate Judge or District Judge authorized to preside over the case noted above may declare a forfeiture of this bond if the material witness breaches any condition of this bond. If the bond is forfeited and the forfeiture is not set aside or remitted, a judgment may be entered upon a motion filed in the United States District Court for the Southern District of California against the surety for the amount stated above, with costs and interest added, and execution of the judgment may be issued or payment secured as provided by the Federal Rules of Criminal Procedure and the other laws of the United States.

Material Witness' Signature: monica Ramirez Surety's Signature: [signature]

Surety's Home Address: 707 10th St. Glenwood Springs, Col. 81601

Material Witness' U.S. Address: as above

Acknowledgment: The surety noted above signed this bond before me, NEIL TROP (print name of person witnessing surety's signature), on 3.10.08 (date), at Encinitas, CA. (city/state).

My address is: 1991 Village Park Way #160 Encinitas, CA. 92024

Signature Of Person Witnessing Surety's Signature: [signature] Dated: 3-10-08

Bond Approved: [signature], **United States Magistrate Judge or District Judge**

CATHY ANN BENCIVENGO
U.S. MAGISTRATE JUDGE

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[Revised 8/98]

AFFIDAVIT BY THE OWNER OF THE CASH SECURITY FOR THIS BOND

I, JASON AMAYA (print name of owner of cash), state that I reside at 703 10th ST. Glenwood Springs CO. 81601, and that I am the owner of the $ 500.00 cash deposited in the Registry of the Court as security for this bond. That money is to be returned to me at the address noted here upon the exoneration of this bond.

I consent to subjecting those funds to the Local Court Rules of the United States District Court for the Southern District of California pertaining to bonds, and I consent, upon receiving notice of not less than ten days, to proceeding summarily to the rendering of a judgment against that cash security upon the breach of a condition under this bond or by the contumacy of the material witness.

Dated: 3-10-08

[signature]
Signature of the Owner of the Cash Security

FINANCIAL JUSTIFICATION OF THE SURETY

I, JASON AMAYA (print name of surety), state under penalty of perjury under the laws of the United States of America, that I have a net worth of at least $ 50K, and that I reside at 703 10Th St. Glenwood Springs, Colorado.

Dated: 3-10-08

[signature]
Signature of the Surety

SURETY AGREEMENT

I understand by signing this bond I will be responsible for the material witness' appearance in court and for his or her compliance with any and all conditions of the release and orders as directed by the court. If the material witness does not appear in court as ordered or comply with the conditions of the release and any court orders, I will be required to pay the full amount of the bond, and any cash security I posted with the court may be taken by the United States Government to partially satisfy the obligation of this bond, and a judgment may be entered against me for the full amount of the bond.

Dated: 3-10-08

[signature]
Signature of the Surety

RECEIVED
MAR 14 2008
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY SD 148772 $500 DEPUTY

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MATERIAL WITNESS INFORMATION SHEET

CASE INFORMATION

Case Name: U.S. v. Quinones-Leguuda

Case No. 08mj707

AUSA Name:

AUSA Telephone:

Case Agent: Eric Velasquez

Agency: CBP

INFORMATION ABOUT THE MATERIAL WITNESS

Name: Monica Ramirez-Rosales

A-Number: 200 053 963

Date of Birth: 4/26/79

Immigration Status: Undocumented

Foreign Address: Calle Almendro 515 El Ranchito Jaliso Pto Vallarta, Mex

Did The Material Witness Sign An I-826?

Relationship to Defendant: none

PERSON MATERIAL WITNESS WILL RESIDE WITH DURING PENDENCY OF THE CASE

Name: Same as surety

Relationship to Witness:

Home Address:

Business Address:

Home Telephone:

Business Telephone:

RELATIVE OF THE MATERIAL WITNESS RESIDING IN THE U.S.

Name:

Relationship to Witness:

Home Address:

Business Address:

Home Telephone:

Business Telephone:

ATTORNEY FOR THE MATERIAL WITNESS

Name: UGIL TROP Tel: (760) 634-1295 Fax (760) 634-1296

Address: 1991 VILLAGE PARK WAY #160 Encinitas, CA. 92024

INFORMATION ABOUT THE SURETY

Name: Jason Amaya

Relationship to Witness: Friend

Immigration Status: U.S. Citizen

Relationship to Defendant: none

Home Address: 707 10Th ST. Glenwood Springs, Col. 81601

Business Address: 130 Center Drive Glenwood Springs, Col. 81601

Home Telephone: (970) 355-0123

Business Telephone: (970) 987-3559

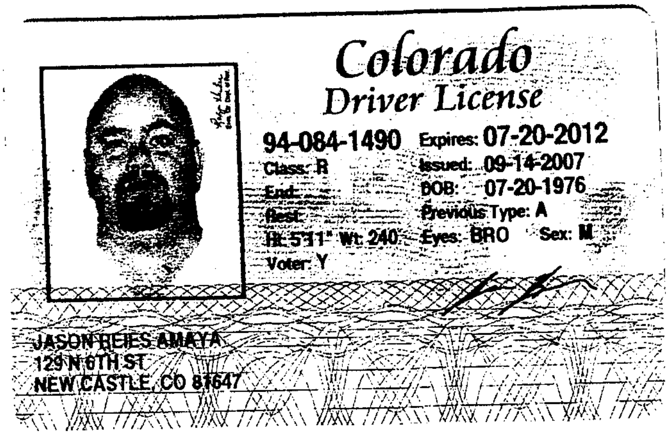
Does The Surety Have An Immigration Record (if so, the charges): N/A

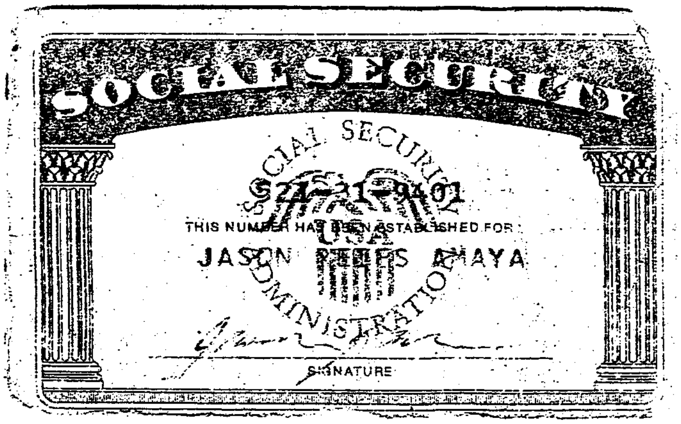
Does The Surety Have A Criminal Record (if so, the charges): N/A

FOR INS USE ONLY

1. MATERIAL WITNESS ☐ SURRENDERED ☐ FAILED TO APPEAR ☐
2. ________________ ________________

Signature *Date*


Colorado
Driver License
94-084-1490
Expires: 07-20-2012
Class: R
Issued: 09-14-2007
End:
DOB: 07-20-1976
Rest:
Previous Type: A
Ht: 5'11" Wt: 240
Eyes: BRO
Sex: M
Voter: Y
JASON REIES AMAYA
129 N 6TH ST
NEW CASTLE, CO 81647


SOCIAL SECURITY
SOCIAL SECURITY ADMINISTRATION
USA
THIS NUMBER HAS BEEN ESTABLISHED FOR
SIGNATURE

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORTE
USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 078107857

Surname / Nom / Apellidos
AMAYA

Given names / Prénoms / Nombres
JASON REIES

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
20 JUL 1976

Sex / Sexe / Sexo: M
Place of birth / Lieu de naissance / Lugar de nacimiento: COLORADO, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición
27 DEC 2006

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
26 DEC 2016

Amendments / Modifications / Enmiendas
SEE PAGE 24

P<USAAMAYA<<JASON<REIES<<<<<<<<<<<<<<<<<<<<<

0781078571USA7607202M1612262<<<<<<<<<<<<<<06

Form **W-2 Wage and Tax Statement** **2007**

c Employer's name, address and ZIP code
CHEVROLET CADILLAC OF GOLDSBOR
3300 HWY 70 BYPASS EAST
GOLDSBORO, NC 27532

e Employee's name, address and ZIP code
JASON R AMAYA
PO BOX 892
GLENWOOD SPRINGS, CO 81602

Suff.

7 Social security tips	1 Wages, tips, other compensation 1524.00	2 Federal income tax withheld 76.32
8 Allocated tips	3 Social security wages 1524.00	4 Social security tax withheld 94.49
9 Advance EIC payment	5 Medicare wages and tips 1524.00	6 Medicare tax withheld 22.10
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b
b Employer identification number 34-2046751		12c
d Employee's social security number 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		12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NC	600525989	1524.00	71.00			

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at **www.irs.gov.**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

DEPT. 7101S DIV. 2 EMP. 3048

Form **W-2 Wage and Tax Statement** **2007**

c Employer's name, address and ZIP code
CHEVROLET CADILLAC OF GOLDSBOR
3300 HWY 70 BYPASS EAST
GOLDSBORO, NC 27532

e Employee's name, address and ZIP code
JASON R AMAYA
PO BOX 892
GLENWOOD SPRINGS, CO 81602

Suff.

7 Social security tips	1 Wages, tips, other compensation 1524.00	2 Federal income tax withheld 76.32
8 Allocated tips	3 Social security wages 1524.00	4 Social security tax withheld 94.49
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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b
b Employer identification number 34-2046751		12c
d Employee's social security number 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		12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NC	600525989	1524.00	71.00			

Copy C for EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at **www.irs.gov.**

Form **W-2 Wage and Tax Statement** **2007**

c Employer's name, address and ZIP code
CHEVROLET CADILLAC OF GOLDSBOR
3300 HWY 70 BYPASS EAST
GOLDSBORO, NC 27532

e Employee's name, address and ZIP code
JASON R AMAYA
PO BOX 892
GLENWOOD SPRINGS, CO 81602

Suff.

7 Social security tips	1 Wages, tips, other compensation 1524.00	2 Federal income tax withheld 76.32
8 Allocated tips	3 Social security wages 1524.00	4 Social security tax withheld 94.49
9 Advance EIC payment	5 Medicare wages and tips 1524.00	6 Medicare tax withheld 22.10
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b
b Employer identification number 34-2046751		12c
d Employee's social security number 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		12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NC	600525989	1524.00	71.00			

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2007**

c Employer's name, address and ZIP code
CHEVROLET CADILLAC OF GOLDSBOR
3300 HWY 70 BYPASS EAST
GOLDSBORO, NC 27532

e Employee's name, address and ZIP code
JASON R AMAYA
PO BOX 892
GLENWOOD SPRINGS, CO 81602

Suff.

7 Social security tips	1 Wages, tips, other compensation 1524.00	2 Federal income tax withheld 76.32
8 Allocated tips	3 Social security wages 1524.00	4 Social security tax withheld 94.49
9 Advance EIC payment	5 Medicare wages and tips 1524.00	6 Medicare tax withheld 22.10
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b
b Employer identification number 34-2046751		12c
d Employee's social security number 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		12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NC	600525989	1524.00	71.00			

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

FORM 5208 Printed on Recycled Paper

22222 Void ☐	a Employee's social security number 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
OMB No. 1545-0008	
b Employer identification number (EIN) 84-1088803	
c Employer's name, address, and ZIP code TWO RIVERS CHEVROLET 130 CENTER DRIVE GLENWOOD SPRINGS CO 81601	
d Control number 0001*0001	
e Employee's name, address, city, and ZIP code JASON R AMAYA 1038 SPRUCEWOOD LANE GLENWOOD SPRINGS CO 81601	Suff.
1 Wages, tips, other compensation 7064.62	2 Federal income tax withheld 579.12
3 Social security wages 7064.62	4 Social security tax withheld 438.00
5 Medicare wages and tips 7064.62	6 Medicare tax withheld 102.44
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b
14 Other	12c
	12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CO	04483653	7064.62	224.00			

Form **W-2** **Wage and Tax Statement** **2007**

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

22222 Void ☐	a Employee's social security number 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
OMB No. 1545-0008	
b Employer identification number (EIN) 20-8136466	
c Employer's name, address, and ZIP code VISTA CHEVROLET 130 CENTER DRIVE GLENWOOD SPRINGS CO 81601	
d Control number 0001*0001	
e Employee's name, address, city, and ZIP code JASON R AMAYA PO BOX 892 GLENWOOD SPRINGS CO 81602	Suff.
1 Wages, tips, other compensation 25699.60	2 Federal income tax withheld 2301.67
3 Social security wages 25699.60	4 Social security tax withheld 1593.38
5 Medicare wages and tips 25699.60	6 Medicare tax withheld 372.64
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b
14 Other	12c
	12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CO	1558445	25699.60	843.00			

Form **W-2** **Wage and Tax Statement** **2007**

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

Copy 1—For State, City, or Local Tax Department

VISTA CHEVROLET · GLENWOOD SPRINGS, CO 81601

Comp #	Dept #	Employee #	Clock #	Social Security #	Name	Pay Period	Pay #	Pay Date	Check #
1	1	1035			JASON R AMAYA	ENDING 02/29/08	4	02/29/08	52415

Type	Hours	Rate	Earnings	YTD	Type	Earnings	YTD
SAL			163680	87680			
COMM			36320				
			200000	<-TOT REG			
			********				
OTH			110000	110000			
			110000	<-TOT MSC			

Type	Ded Amt	Type	Ded Amt
A/R	110000		

Type	Ded Amt	YTD
MED	8093	32372
DTL	902	3608
GARN	20550	65550

Code	ST/Local	YTD

	Gross Pay	Fed Tax	S.S. Tax	Medi Tax	State Tax	Local Tax	SUI/SDI	Misc Ded	Net Pay
This Pay	310000	34724	18662	4365	11900			139545	100804
YTD	1022500	106266	61164	14305	37500				591735

BEGINNING PAY PERIOD DATE: 2/16/08

REORDER CATALOG # 8001122 & 8001132